

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

**In re:**

**PURDUE PHARMA L.P., et al.,  
  
Debtors.<sup>1</sup>**

**Chapter 11**

**Case No. 19-23649 (RDD)**

**(Jointly Administered)**

**AFFIDAVIT OF SERVICE**

I, Asir U. Ashraf, depose and say that I am employed by Prime Clerk LLC (“*Prime Clerk*”), the claims and noticing agent for the Debtors in the above-captioned chapter 11 cases.

On May 13, 2020, at my direction and under my supervision, employees of Prime Clerk caused the following documents to be served via first class mail on the Individual Parties Service List attached hereto as **Exhibit A**:

- Notice of Deadlines Requiring Filing of Proofs of Claim, a copy of which is attached hereto as **Exhibit B** (the “*Bar Date Notice*”)
- General Opioid Claimant Proof of Claim Form, a blank copy of which is attached hereto as **Exhibit C** (the “*General Opioid Proof of Claim Form*”)
- Non-Opioid Claimant Proof of Claim Form, a blank copy of which is attached hereto as **Exhibit D** (the “*Non-Opioid Proof of Claim Form*”)
- Personal Injury Claimant Proof of Claim Form, a blank copy of which is attached hereto as **Exhibit E** (the “*Personal Injury Proof of Claim Form*”)

On May 13, 2020, at my direction and under my supervision, employees of Prime Clerk caused the Bar Date Notice, the General Opioid Proof of Claim Form, the Non-Opioid Proof of Claim Form, and the Personal Injury Proof of Claim Form and a plain-language one-page notice, a copy of which is attached hereto as **Exhibit F**, to be served via first class mail on the Prescribers Individual Service List attached hereto as **Exhibit G**.

---

<sup>1</sup> The Debtors in these cases, along with the last four digits of each Debtor’s registration number in the applicable jurisdiction, are as follows: Purdue Pharma L.P. (7484), Purdue Pharma Inc. (7486), Purdue Transdermal Technologies L.P. (1868), Purdue Pharma Manufacturing L.P. (3821), Purdue Pharmaceuticals L.P. (0034), Imbrium Therapeutics L.P. (8810), Adlon Therapeutics L.P. (6745), Greenfield BioVentures L.P. (6150), Seven Seas Hill Corp. (4591), Ophir Green Corp. (4594), Purdue Pharma of Puerto Rico (3925), Avrio Health L.P. (4140), Purdue Pharmaceutical Products L.P. (3902), Purdue Neuroscience Company (4712), Nayatt Cove Lifescience Inc. (7805), Button Land L.P. (7502), Rhodes Associates L.P. (N/A), Paul Land Inc. (7425), Quidnick Land L.P. (7584), Rhodes Pharmaceuticals L.P. (6166), Rhodes Technologies (7143), UDF LP (0495), SVC Pharma LP (5717) and SVC Pharma Inc. (4014). The Debtors’ corporate headquarters is located at One Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901.

Dated: July 28, 2020

/s/ Asir U. Ashraf  
Asir U. Ashraf

State of New York  
County of New York

Subscribed and sworn to (or affirmed) before me on July 28, 2020, by Asir U. Ashraf, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

/s/ JAMES A. MAPPLETHORPE  
Notary Public, State of New York  
No. 01MA6370846  
Qualified in New York County  
Commission Expires February 12, 2022

**Exhibit A**

## Exhibit A

Individual Parties Service List

Served via first class mail

MMLID	NAME	ADDRESS	CITY	STATE	ZIP
7118657	Name on File	Address on File			
7128537	Name on File	Address on File			
7125509	Name on File	Address on File			
7126461	Name on File	Address on File			
7129757	Name on File	Address on File			
7123599	Name on File	Address on File			
7127314	Name on File	Address on File			
7119807	Name on File	Address on File			
7123053	Name on File	Address on File			



**Exhibit B**

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

**In re:**

**PURDUE PHARMA L.P., et al.,  
  
Debtors.<sup>1</sup>**

**Chapter 11**

**Case No. 19-23649**

**(Jointly Administered)**

**NOTICE OF DEADLINES REQUIRING FILING OF PROOFS OF CLAIM**

**TO ALL PERSONS (INCLUDING LEGAL GUARDIANS OF CHILDREN AND  
PERSONS CLAIMING ON BEHALF OF DECEASED PERSONS) AND ENTITIES  
WITH CLAIMS AGAINST ANY OF THE DEBTOR ENTITIES LISTED BELOW:**

<b>Name of Debtor</b>	<b>Case Number</b>	<b>Tax Identification Number</b>
Purdue Pharma L.P.	19-23649	XX-XXX7484
Purdue Pharma Inc.	19-23648	XX-XXX7486
Purdue Transdermal Technologies L.P.	19-23650	XX-XXX1868
Purdue Pharma Manufacturing L.P.	19-23651	XX-XXX3821
Purdue Pharmaceuticals L.P.	19-23652	XX-XXX0034
Imbrium Therapeutics L.P.	19-23653	XX-XXX8810
Adlon Therapeutics L.P.	19-23654	XX-XXX6745
Greenfield BioVentures L.P.	19-23655	XX-XXX6150
Seven Seas Hill Corp.	19-23656	XX-XXX4591
Ophir Green Corp.	19-23657	XX-XXX4594
Purdue Pharma of Puerto Rico	19-23658	XX-XXX3925
Avrio Health L.P.	19-23659	XX-XXX4140
Purdue Pharmaceutical Products L.P.	19-23660	XX-XXX3902
Purdue Neuroscience Company	19-23661	XX-XXX4712
Nayatt Cove Lifescience Inc.	19-23662	XX-XXX7805
Button Land L.P.	19-23663	XX-XXX7502
Rhodes Associates L.P.	19-23666	N/A
Paul Land Inc.	19-23664	XX-XXX7425
Quicknick Land L.P.	19-23665	XX-XXX7584

<sup>1</sup> The Debtors in these cases, along with the last four digits of each Debtor's registration number in the applicable jurisdiction, are as follows: Purdue Pharma L.P. (7484), Purdue Pharma Inc. (7486), Purdue Transdermal Technologies L.P. (1868), Purdue Pharma Manufacturing L.P. (3821), Purdue Pharmaceuticals L.P. (0034), Imbrium Therapeutics L.P. (8810), Adlon Therapeutics L.P. (6745), Greenfield BioVentures L.P. (6150), Seven Seas Hill Corp. (4591), Ophir Green Corp. (4594), Purdue Pharma of Puerto Rico (3925), Avrio Health L.P. (4140), Purdue Pharmaceutical Products L.P. (3902), Purdue Neuroscience Company (4712), Nayatt Cove Lifescience Inc. (7805), Button Land L.P. (7502), Rhodes Associates L.P. (N/A), Paul Land Inc. (7425), Quidnick Land L.P. (7584), Rhodes Pharmaceuticals L.P. (6166), Rhodes Technologies (7143), UDF LP (0495), SVC Pharma LP (5717) and SVC Pharma Inc. (4014). The Debtors' corporate headquarters is located at One Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901.

Rhodes Pharmaceuticals L.P.	19-23667	XX-XXX6166
Rhodes Technologies	19-23668	XX-XXX7143
UDF LP	19-23669	XX-XXX0495
SVC Pharma LP	19-23670	XX-XXX5717
SVC Pharma Inc.	19-23671	XX-XXX4014

The United States Bankruptcy Court for the Southern District of New York (the “**Court**”) has entered an Order (the “**Bar Date Order**”) establishing **5:00 p.m. (Prevailing Eastern Time) on June 30, 2020** (the “**General Bar Date**”) as the last date for each person or entity (including individuals (which includes legal guardians of children and persons claiming on behalf of deceased persons), partnerships, corporations, joint ventures, trusts, governmental units, and Native American Tribes) to file a proof of claim against any of the Debtors listed above (the “**Debtors**”).

The General Bar Date and the procedures set forth below for filing proofs of claim apply to all claims against the Debtors that arose prior to September 15, 2019 (in other words, for claims that arise from an action that the Debtors took prior to September 15, 2019, but you may assert a claim for damages suffered by any person or entity both prior to and after that date), the date on which the Debtors commenced cases under chapter 11 of the United States Bankruptcy Code (the “**Petition Date**”), except for claims listed in Section 4 below that are specifically excluded from the General Bar Date filing requirement.

## **1. WHO MUST FILE A PROOF OF CLAIM**

Unless you hold a type of claim described in Section 4(c) below or the Court orders otherwise, you **MUST** file a proof of claim to vote on any chapter 11 plan filed in these cases. In addition, failure to file a proof of claim may prevent you from sharing in distributions from the Debtors’ bankruptcy estates if you have a claim that arose prior to Petition Date, and is not one of the types of claims described in Section 4 below. Claims based on acts or omissions of the Debtors that occurred before the Petition Date must be filed on or prior to the General Bar Date, even if such claims are not now fixed, liquidated, or certain or did not mature or become fixed, liquidated, or certain before the Petition Date.

Under Section 101(5) of the Bankruptcy Code and as used in this Notice, the word “claim” means: (a) **a right to payment**, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) **a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment**, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

**This Notice is being sent to many persons and entities that have had some relationship with or have done business with the Debtors but may not have an unpaid claim against the Debtors. The fact that you have received this Notice does not mean that you have a claim or that the Debtors or the Court believe that you have a claim against the Debtors.**

## **2. WHICH FORM TO FILE**

Your filed proof of claim must conform substantially to the appropriate case-specific proof of claim form that accompanies this Notice.

For the purpose of this Notice and the accompanying proof of claim forms, “**Purdue Opioid**” means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration (FDA) and listed by the DEA as Schedule II or III drugs pursuant to the federal Controlled Substances Act, produced, marketed, or sold by the Debtors as: (i) the following **Brand Name Medications**: OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, or OxyFast®; and (ii) the following **Generic Medications**: oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®).<sup>2</sup>

Personal Injury Claimant Proof of Claim Form:

If you have a claim against the Debtors based on your own personal injury or another person’s personal injury (for example, you are filing on behalf of a deceased or incapacitated individual or a minor) related to the taking of a Purdue Opioid and/or the taking of another opioid for which you believe Purdue is responsible for your damages, you must file a proof of claim form that is (or is substantially similar to) the Personal Injury Claimant Proof of Claim Form.

For example, individuals seeking damages for death, addiction or dependence, lost wages, loss of consortium, or Neonatal Abstinence Syndrome (“**NAS**”), regardless of the legal cause of action (fraud, negligence, misrepresentation, conspiracy, etc.), must file the Personal Injury Claimant Proof of Claim Form.

If you have a claim against the Debtors based on the Debtors’ production, marketing and sale of Purdue Opioids, in addition to your claim based on personal injury as a result of taking a Purdue Opioid or another opioid, you may include those claims on the Personal Injury Claimant Proof of Claim Form by completing Part 5 of the Personal Injury Claimant Proof of Claim Form.

**Confidentiality of Forms:** All Personal Injury Claimant Proof of Claim Forms and any supporting documentation submitted with those forms, shall remain highly confidential and shall not be made available to the public. For the avoidance of doubt, only the claim number, claim amount, and the total number of the personal injury claims, including any subcategories thereof (such as claims on behalf of minors with NAS) will be made publicly available on the Debtors’ case website hosted by Prime Clerk (the “**Case Website**”) and only such information will be included in the publicly available Claims Register. Copies of Personal Injury Claimant Proof of Claim Forms and supporting documentation shall be treated as Professionals’ Eyes Only/Confidential and, as applicable, as Information Protected Pursuant to the Health Insurance Portability and Accountability Act of 1996 as set forth in the Protective Order entered by the Court on January 28, 2020 [Dkt. No. 784], and made available only to Prime Clerk, the Court and those that agree to be bound by the Protective Order.

---

<sup>2</sup> The term “Purdue Opioid(s)” shall not mean: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

Governmental Opioid Claimant Proof of Claim Form:

If you are a governmental unit or a Native American Tribe, and you have a claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, you must file a proof of claim form that is (or is substantially similar to) the Governmental Opioid Claimant Proof of Claim Form.

General Opioid Claimant Proof of Claim Form:

If you are a person or entity, other than a governmental unit or Native American Tribe, and you have a claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury, you must file a proof of claim form that is (or is substantially similar to) the General Opioid Claimant Proof of Claim Form.

For example, hospitals, insurers, third-party payors, or insureds seeking damages for an injury other than a personal injury—a financial or economic injury, for instance—must file the General Opioid Claimant Proof of Claim Form.

If you have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to your claim based on the Debtors' production, marketing and sale of Purdue Opioids, you may include those claims on the General Opioid Claimant Proof of Claim Form by filling out Part 4 on the General Opioid Claimant Proof of Claim Form.

Non-Opioid Claimant Proof of Claim Form (Official Form 410):

If you are a person or entity and you have a claim against the Debtors based on non-opioid related injuries or harm, you must file a proof of claim form that is (or is substantially similar to) the Non-Opioid Claimant Proof of Claim Form (Official Form 410).

For example, trade creditors seeking outstanding payments or governmental units asserting tax claims must file the Non-Opioid Claimant Proof of Claim Form.

Any holder of a claim against more than one Debtor for non-opioid related injuries or harm must file a separate proof of claim with respect to each such Debtor, and all holders of such claims must identify on their proof of claim the specific Debtor against which their claim is asserted and the case number of that Debtor's bankruptcy case. A list of the names of the Debtors and their case numbers is set forth in the table on the first page of this Notice.

Applicable to All Proof of Claim Forms:

The Debtors are enclosing the appropriate proof of claim form for use in these cases; if your claim is scheduled by the Debtors, the form also sets forth the amount of your claim as scheduled by the Debtors, the specific Debtor against which the claim is scheduled, and whether the claim is scheduled as disputed, contingent, or unliquidated. You will receive a different proof of claim form for each claim scheduled in your name by the Debtors. Additional proof of claim forms may be obtained at the website established by Prime Clerk, located at <http://PurduePharmaClaims.com>.

All proof of claim forms must be **signed** by the claimant or such individual authorized to act on behalf of the claimant. If the claimant is not an individual, an authorized agent of the

claimant (such as the claimant's lawyer) must sign the claim form. It must be written in English and be denominated in United States currency.

**You may attach to your completed proof of claim any documents on which the claim is based (if voluminous, a summary may be attached) if you would like, but you are not required to do so, and failure to attach any such documents will not affect your ability to submit a proof of claim form or result in the denial of your claim. You may be required, in the future, to provide supporting documents for your claim. You may also amend or supplement your proof of claim after it is filed, including, for the avoidance of doubt, after the applicable Bar Date, but not, without permission from the Court, to assert a new or additional claim. Do not send original documents with your proof of claim, as they will not be returned to you and may be destroyed after they are processed and reviewed.**

Your proof of claim form must **not** contain complete social security numbers or taxpayer identification numbers (only the last four digits), a complete birth date (only the year), the name of a minor (only the minor's initials), or a financial account number (only the last four digits of such financial account).

All proof of claim forms that are **not** Personal Injury Claimant Proof of Claim Forms will be made publicly available on the Case Website in their entirety. For the avoidance of doubt, the Governmental Opioid Claimant Proof of Claim Forms, the General Opioid Proof of Claim Forms, and the Non-Opioid Proof of Claim Forms will be made publicly available on the Case Website in their entirety.

### **3. WHEN AND WHERE TO FILE**

All proofs of claim must be filed so as to be received on or before **June 30, 2020, at 5:00 p.m. (Prevailing Eastern Time)** as follows:

#### **IF BY U.S. POSTAL SERVICE MAIL:**

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

#### **IF BY OVERNIGHT MAIL**

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

IF DELIVERED BY HAND

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

OR

United States Bankruptcy Court  
Southern District of New York  
300 Quarropas Street  
White Plains, NY 10601<sup>3</sup>

IF ELECTRONICALLY

The website established by Prime Clerk, via the link entitled “Submit a Claim” on such website located at <http://PurduePharmaClaims.com> and following the instructions provided.

Proofs of claim will be deemed filed only when received at the addresses listed above or filed electronically on or before the General Bar Date. Proofs of claim may not be delivered by facsimile, telecopy, or electronic mail transmission.

**4. CLAIMS FOR WHICH PROOFS OF CLAIM NEED NOT BE FILED**

You do **not** need to file a proof of claim on behalf of a claim on or prior to the General Bar Date if the claim falls into one of the following categories:

- a. the Office of the United States Trustee for the Southern District of New York on account of claims for fees and applicable interests payable pursuant to 28 U.S.C. § 1930;
- b. any person or entity alleging a claim against the Debtors that has already filed a proof of claim in the above-captioned case in a form substantially similar to Official Bankruptcy Form 410 (unless you wish to assert the claim against a Debtor not mentioned in the prior proof of claim, in which case an additional proof of claim must be filed);
- c. any person or entity whose claim is listed on the Schedules filed by the Debtors, provided that (i) the claim is not scheduled as “disputed,” “contingent”, or “unliquidated”; and (ii) the claimant does not disagree with the amount, nature and priority of the claim as set forth in the Schedules;
- d. any holder of a claim that heretofore has been allowed by Order of the Court;
- e. any person or entity whose claim has been paid in full by any of the Debtors;

---

<sup>3</sup> Proofs of claim delivered by hand to the Clerk’s Office of the Court that contain confidential information as permitted hereby must be delivered in an envelope marked “CONFIDENTIAL.”

- f. any holder of a claim for which specific deadlines have previously been fixed by the Court;
- g. any party that is exempt from filing a proof of claim pursuant to an order of the Court in these chapter 11 cases;
- h. any Debtor having a claim against another Debtor;
- i. any holder of a claim allowable under § 503(b) and § 507(a)(2) of the Bankruptcy Code as an expense of administration (other than any claim allowable under section 503(b)(9) of the Bankruptcy Code), including any professionals retained by the Debtors pursuant to orders of the Court who assert administrative claims for fees and expenses subject to the Court's approval pursuant to sections 330 and 331 of the Bankruptcy Code;
- j. current or former employees of the Debtors and current and former officers and directors of the Debtors who are not parties to currently pending litigation arising from or related to the Debtors' production, marketing and sale of Purdue Opioids who assert claims for indemnification and/or contribution arising as a result of such individuals' services to the Debtors; and
- k. a current or former employee of the Debtors, if an order of the Court authorized the Debtors to honor such claim in the ordinary course of business as a wage, commission or benefit, including any order of the Court approving the *Motion of Debtors for Entry of an Order Authorizing (I) Debtors to (A) Pay Prepetition Wages, Salaries, Employee Benefits and Other Compensation and (B) Maintain Employee Benefits Programs and Pay Related Administrative Obligations, (II) Employees and Retirees to Proceed with Outstanding Workers' Compensation Claims and (III) Financial Institutions to Honor and Process Related Checks and Transfers* [D.I. 6]; *provided* that a current or former employee must submit a Proof of Claim by the General Bar Date for all other claims arising on or before the Petition Date, including claims for benefits not provided for pursuant to an order of the Court, wrongful termination, discrimination, harassment, hostile work environment, and/or retaliation.

## **5. EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

The Bankruptcy Code provides that the Debtors may, at any time before a plan of reorganization or liquidation is confirmed by the Court, choose to reject certain executory contracts or unexpired leases. If your contract or lease is rejected, you may have a claim resulting from that rejection. The deadline to file a Proof of Claim for damages relating to the rejection of the contract or lease is **the later of (i) the General Bar Date and (ii) thirty (30) days after entry of any order authorizing the rejection of the contract or lease.**

## **6. CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM BY THE APPLICABLE BAR DATE**

ANY HOLDER OF A CLAIM THAT IS NOT EXEMPTED FROM THE REQUIREMENTS OF THE BAR DATE ORDER, AS SET FORTH IN SECTION 4 ABOVE, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM SHALL NOT BE TREATED AS A CREDITOR WITH RESPECT TO SUCH CLAIM FOR THE PURPOSES OF VOTING ON ANY PLAN OF REORGANIZATION FILED IN THESE CASES AND PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.



## 7. THE DEBTORS' SCHEDULES AND ACCESS THERETO

You may be listed as the holder of a claim against one or more of the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contract and Unexpired Leases (collectively, the "**Schedules**").

To determine if and how you are listed on the Schedules, please refer to the descriptions set forth on the enclosed proof of claim forms regarding the nature, amount, and status of your claim(s). If you received post-petition payments (i.e., after September 15, 2019) from the Debtors (as authorized by the Court) on account of your claim, the enclosed proof of claim form will reflect the net amount of your claims. If the Debtors believe that you hold claims against one or more than one Debtor, you will receive multiple proof of claim forms, each of which will reflect the nature and amount of your claims against one Debtor, as listed in the Schedules.

As set forth above, if you agree with the nature, amount, and status of your claim as listed in the Debtors' Schedules, and if you do not dispute that your claims is only against the Debtor specified by the Debtors, and if your claim is not described as "disputed," "contingent," or "unliquidated," you need not file a proof of claim. Otherwise, or if you decide to file a proof of claim, you must do so before the General Bar Date in accordance with the procedures set forth in this Notice.

In the event that the Debtors amend or supplement their Schedules, the holder of claim affected by the Debtors' amendment(s) or supplement(s) shall have until **the later of (i) the General Bar Date and (ii) thirty (30) days after the holder of a claim is served with notice that the Debtors amended or supplemented their Schedules.**

Copies of Debtors' schedules are available for inspection on the Court's electronic docket for the Debtors' chapter 11 cases, which is posted on (a) the website established by Prime Clerk for the Debtors at <http://PurduePharmaClaims.com> and (b) on the Courts website at <http://www.nysb.uscourts.gov>. A login and password to the Court's Public access to Electronic Court Records ("**PACER**") are required to access this information and can be obtained through the PACER Service Center at <http://www.pacer.gov>. Copies of the Schedules may also be examined between the hours of 9:00 a.m. and 4:30 p.m., Monday through Friday at the Office of the Clerk of the Court, 300 Quarropas Street, White Plains, NY 10601. Copies of the Debtors' Schedules may also be obtained by request to Prime Clerk at the following address, telephone number, and email address:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412, Brooklyn, NY 11232  
Toll Free: (844) 217-0912 Email: [purduepharmainfo@primeclerk.com](mailto:purduepharmainfo@primeclerk.com)

**Please note that Prime Clerk cannot provide legal advice, nor can it advise you as to whether you should file a proof of claim. A holder of a possible claim against the Debtors should consult an attorney regarding any matters not covered by this Notice, such as whether the holder should file a proof of claim.**

Dated: February 3, 2020  
White Plains, New York

**BY ORDER OF THE COURT**

**Exhibit C**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., *et al.*,

Debtors.

Chapter 11

Case No. 19-23649 (RDD)

(Jointly Administered)

## General Opioid Claimant Proof of Claim Form

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

**Do not** use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

**Do not** use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

**You must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. **Do not send original documents** as they will not be returned, and they may be destroyed after scanning.

**Fill in all the information about the claim as of September 15, 2019, the Petition Date.** You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

### Part 1: Identify the Claim

1. Who is the current creditor?

Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.  
Other names the creditor used with the debtor, including maiden, d/b/a/, or other names used:

2. Describe the creditor making the claim.

- |  |   |
|--|---|
| <input type="checkbox"/> Individual        | <input type="checkbox"/> Retirement or Pension Fund Administrator |
| <input type="checkbox"/> Hospital          | <input type="checkbox"/> Pharmacy Benefit Manager                 |
| <input type="checkbox"/> Third Party Payor | <input type="checkbox"/> Other (describe): _____                  |

3. Has this claim been acquired from someone else or some other entity?

- ☐ No  
☐ Yes. From whom? \_\_\_\_\_

4. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

5. Does this claim amend one already filed? ☐ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY
6. Do you know if anyone else has filed a proof of claim for this claim? ☐ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2:** Attorney Information (Optional)

7. Are you represented by an attorney in this matter? ☐ No.  
☐ Yes. If yes, please provide the following information:
- You do not need an attorney to file this form.
- Law Firm Name \_\_\_\_\_
- Attorney Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_
- Contact phone \_\_\_\_\_ Contact email \_\_\_\_\_

**Part 3:** Information as of September 15, 2019, the Petition Date, About Your Claim

8. Do you have any number you use to identify the debtor? ☐ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_
9. How much is the claim? \$ \_\_\_\_\_ or  
☐ Unknown.
10. When do You allege You were first injured as a result of the Debtors' alleged conduct? \_\_\_\_\_ / \_\_\_\_\_  
Month Year
11. Describe the conduct of the Debtors You allege resulted in injury or damages to You.  
Attach additional sheets if necessary.
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.

Attach additional sheets if necessary.

13. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek (for example, actual damages, compensatory damages, punitive damages, and/or penalty damages).

Please attach all supporting documentation including, but not limited to, any records supporting Your claims of damages, if You would like (but You are not required), to supplement this proof of claim. Do not include medical records.

14. Have you ever filed a lawsuit against any of the Debtors at any time?

☐ No

☐ Yes. If yes, please provide the following information and attach supporting documentation:

Case Caption: \_\_\_\_\_

Court and Case/Docket Number: \_\_\_\_\_

Attorney Information:

\_\_\_\_\_  
Law Firm Name

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_ Contact email \_\_\_\_\_

**Part 4:** Non-Opioid-Related Claims

15. Do You believe You have any claims against the Debtors based on non-opioid-related claims or harm?

☐ No.

☐ Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

---

---

---

---

---

16. How much is the claim?

\$ \_\_\_\_\_ or

☐ Unknown.

**Part 5:** Sign Below

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

Title

\_\_\_\_\_

Company

\_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

## Instructions for General Opioid Proof of Claim Form

---

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

### How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims you believe you may have after September 15, 2019 on this form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**  
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)  
  
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- **Do not attach original documents because they will not be returned and may be destroyed after scanning.**
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

- Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.
- The questions herein do not seek the discovery of information protected by the attorney-client privilege.
- The words “and” and “or” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- **Purdue Pharma (Canada) is not a debtor in this case. If Your claim is against only Purdue Pharma (Canada), You do not have a claim in this case and should not file and submit this form.**

### Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at [PurduePharmaClaims.com](https://PurduePharmaClaims.com).

### Understand the terms used in this form

**Claim:** A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor’s name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Priority claim:** A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Purdue Opioid** means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration (FDA) and listed by the DEA as Schedule II or III drugs pursuant to the federal Controlled Substances Act, produced, marketed or sold by the Debtors as (i) the following **Brand Name Medications:** OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, and OxyFast®, and (ii) the following **Generic Medications:** oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®). The term "Purdue Opioid(s)" shall not mean: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

**Secured claim under 11 U.S.C. § 506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

### Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

### Please send completed Proof(s) of Claim to:

#### If by first class mail:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

#### If by overnight courier or hand delivery:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

You may also file your claim electronically at

[PurduePharmaClaims.com](https://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

**Do not file these instructions with your form**



**Exhibit D**

**UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK**

**Fill in this information to identify the case (Select only one Debtor per claim form):**

<input type="checkbox"/> Purdue Pharma L.P. (Case No. 19-23649)	<input type="checkbox"/> Seven Seas Hill Corp. (Case No. 19-23656)	<input type="checkbox"/> Paul Land Inc. (Case No. 19-23664)
<input type="checkbox"/> Purdue Pharma Inc. (Case No. 19-23648)	<input type="checkbox"/> Ophir Green Corp. (Case No. 19-23657)	<input type="checkbox"/> Quidnick Land L.P. (Case No. 19-23665)
<input type="checkbox"/> Purdue Transdermal Technologies L.P. (Case No. 19-23650)	<input type="checkbox"/> Purdue Pharma of Puerto Rico (Case No. 19-23658)	<input type="checkbox"/> Rhodes Associates L.P. (Case No. 19-23666)
<input type="checkbox"/> Purdue Pharma Manufacturing L.P. (Case No. 19-23651)	<input type="checkbox"/> Avrio Health L.P. (Case No. 19-23659)	<input type="checkbox"/> Rhodes Pharmaceuticals L.P. (Case No. 19-23667)
<input type="checkbox"/> Purdue Pharmaceuticals L.P. (Case No. 19-23652)	<input type="checkbox"/> Purdue Pharmaceutical Products L.P. (Case No. 19-23660)	<input type="checkbox"/> Rhodes Technologies (Case No. 19-23668)
<input type="checkbox"/> Imbrium Therapeutics L.P. (Case No. 19-23653)	<input type="checkbox"/> Purdue Neuroscience Company (Case No. 19-23661)	<input type="checkbox"/> UDF LP (Case No. 19-23669)
<input type="checkbox"/> Adlon Therapeutics L.P. (Case No. 19-23654)	<input type="checkbox"/> Nayatt Cove Lifescience Inc. (Case No. 19-23662)	<input type="checkbox"/> SVC Pharma LP (Case No. 19-23670)
<input type="checkbox"/> Greenfield BioVentures L.P. (Case No. 19-23655)	<input type="checkbox"/> Button Land L.P. (Case No. 19-23663)	<input type="checkbox"/> SVC Pharma Inc. (Case No. 19-23671)

**Modified Form 410**

**Non-Opioid Claimant Proof of Claim Form**

04/19

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for making a claim for payment in a bankruptcy case.

**Do not** use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

**Do not** use this form to assert a claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, or if you are seeking damages based on personal injury as a result of taking a Purdue Opioid. File such claims on either a General Opioid Claimant Proof of Claim Form, a Personal Injury Claimant Proof of Claim Form, or a Governmental Opioid Claimant Proof of Claim Form, as applicable.

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents** as they will not be returned, and they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of September 15, 2019.**

**Part 1: Identify the Claim**

**1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

**2. Has this claim been acquired from someone else?**

☐ No

☐ Yes. From whom?

**3. Where should notices and payments to the creditor be sent?**

**Where should notices to the creditor be sent?**

**Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Contact phone

Contact phone

Contact email

Contact email

4. Does this claim amend one already filed? ☐ No ☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim? ☐ No ☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2:** Give Information About the Claim as of the Date the Case Was Filed (September 15, 2019)

6. Do you have any number you use to identify the debtor? ☐ No ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_
7. How much is the claim? \$ \_\_\_\_\_. Does this amount include interest or other charges? ☐ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, or creditcard. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
\_\_\_\_\_
9. Is all or part of the claim secured? ☐ No ☐ Yes. The claim is secured by a lien on property.
- Nature of property:**
- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- ☐ Motor vehicle
- ☐ Other. Describe: \_\_\_\_\_
- Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ \_\_\_\_\_
- Amount of the claim that is secured:** \$ \_\_\_\_\_
- Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_
- Annual Interest Rate** (when case was filed) \_\_\_\_\_ %
- ☐ Fixed
- ☐ Variable
10. Is this claim based on a lease? ☐ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_





# Instructions for Non-Opioid Claimant Proof of Claim Form

United States Bankruptcy Court

12/15

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

## How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019.
- Check the box for the debtor against whom you are filing a claim.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.

Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).

- Do not attach original documents because they will not be returned and may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth. See Bankruptcy Rule 9037.

- For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

## Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent’s website at [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

## Understand the terms used in this form

**Administrative expense:** Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

**Claim:** A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

**Claim Pursuant to 11 U.S.C. § 503(b)(9):** A claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of the Debtor’s business. Attach documentation supporting such claim.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor’s name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Evidence of perfection:** Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Priority claim:** A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Purdue Opioid** means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration (FDA) and listed by the DEA as Schedule II or III drugs pursuant to the federal Controlled Substances Act, produced, marketed or sold by the Debtors as (i) the following **Brand Name Medications:** OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, and OxyFast®, and (ii) the following **Generic Medications:** oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®). The term "Purdue Opioid(s)" shall not mean: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

**Secured claim under 11 U.S.C. § 506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Setoff:** Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

### Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

### Please send completed Proof(s) of Claim to:

#### If by first class mail:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

#### If by overnight courier or hand delivery:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

#### You may also file your claim electronically at

[PurduePharmaClaims.com](https://www.purduepharmaclays.com) via the link entitled "Submit a Claim."

<b>Do not file these instructions with your form</b>
--

**Exhibit E**



UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., *et al.*,  
  
Debtors.

Chapter 11

Case No. 19-23649 (RDD)  
  
(Jointly Administered)

Personal Injury Claimant Proof of Claim Form  
(Including Parents and Guardians)

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for individuals to assert an unsecured claim against the Debtors seeking damages based on actual or potential future personal injury to the claimant or another (for example, deceased, incapacitated, or minor family member) related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages.

**Do not** use this form to assert only a non-personal injury claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids. File such claims on a General Opioid Claimant Proof of Claim Form. However, if You have a claim against the Debtors based on or involving the production, marketing and sale of opioids, in addition to Your claim based on personal injury, You may include information related to that claim on the Personal Injury Claimant Proof of Claim Form by completing Part 5 of this form.

**Do not** use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410).

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Creditors may include parents, foster parents, and guardians submitting claims on behalf of minors with Neonatal Abstinence Syndrome ("NAS"). Instructions and definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. You shall supplement Your responses if You learn that they are incomplete or incorrect in any material respect.

Personal Injury Claimant Proof of Claim Forms and any supporting documentation submitted with the form shall remain highly confidential and shall not be made available to the public. For the avoidance of doubt, all pages of the Personal Injury Claimant Proof of Claim Form and supporting documentation shall be treated as highly confidential and made available only to Prime Clerk, the Court and to those that agree to be bound by the Protective Order.

**Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.**

Please note that supporting documentation is requested in certain portions of the form. Please provide the requested information to the best of Your ability. At Your discretion, You may also provide additional information to supplement Your claim in any manner available to You.

**Do not send original documents**, as they will not be returned, and they may be destroyed after scanning.

**Part 1:** Identify the Claim

**1. Who is the creditor?**

Name of the individual to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.

Other names the creditor used with the debtor, including maiden or other names used:

If Your claim is based on personal injury to another (for example, a deceased, incapacitated, or minor family member), please provide the name of that other person (that is, the injured person). If the injured person is a minor (under 18), please provide only the minor's initials:

If You are submitting a claim on behalf of another person, please provide Your name and relationship to that person:

If you are submitting a claim on behalf of a minor, are You the Legal Guardian?

☐ No

☐ Yes

<b>2. What is the year of birth, gender, and last 4 digits of the social security number of the creditor (or injured person, if the claim is based on the personal injury of another)?</b>	Year of Birth: _____  Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  Last 4 Digits of Social Security Number (if available): XXX-XX-____ _ ____ _				
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">Where should notices to the creditor be sent?</th> <th style="width: 50%; padding: 5px;">Where should payments to the creditor be sent? (if different)</th> </tr> <tr> <td style="padding: 5px;">                     Name _____                       Number _____ Street _____                       City _____ State _____ ZIP Code _____                       Contact phone _____                      Contact email _____                 </td> <td style="padding: 5px;">                     Name _____                       Number _____ Street _____                       City _____ State _____ ZIP Code _____                       Contact phone _____                      Contact email _____                 </td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____				
<b>4. Does this claim amend one already filed?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY				
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. Who made the earlier filing? _____				

**Part 2:** Attorney Information (Optional)

<b>6. Are You represented by an attorney in this matter?</b>  You do not need an attorney to file this form.	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please provide the following information:  Law Firm Name _____  Attorney Name _____  Address _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____
--	--

**Part 3:** Information as of September 15, 2019, the Petition Date, About Your Claim

<b>7. How much is the claim?</b>	\$ _____ or <input type="checkbox"/> Unknown.
<b>8. Select all that apply to You.</b>	<input type="checkbox"/> Creditor has been injured by use of an opioid.  <input type="checkbox"/> Although Creditor is not currently aware of any injury, Creditor wants to file now to keep the ability to seek payment if Creditor has a future injury or harm due to use of an opioid.  <input type="checkbox"/> Creditor has a claim arising out of another person's use of an opioid. <b>Please answer all questions in Part 4 as if that person (the injured person) is filling out the form.</b>  <input type="checkbox"/> Creditor is submitting a claim on behalf of a minor with NAS. <b>Please answer all questions in Part 4 as if the birth mother of the minor is filling out the form (to the extent such information is available to You).</b>

<p><b>9. Briefly describe the type of injury alleged from Your use or another person's use of an opioid. Select all that apply.</b></p> <p>Attach additional sheets if necessary.</p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Death         </div> <div style="width: 50%;"> <input type="checkbox"/> Overdose         </div> <div style="width: 50%;"> <input type="checkbox"/> Addiction/Dependence/Substance Use Disorder         </div> <div style="width: 50%;"> <input type="checkbox"/> Lost Wages/Earning Capacity         </div> <div style="width: 50%;"> <input type="checkbox"/> Loss of Consortium         </div> <div style="width: 50%;"> <input type="checkbox"/> NAS-related         </div> <div style="width: 50%;"> <input type="checkbox"/> Learning Disability         </div> <div style="width: 50%;"> <input type="checkbox"/> Spina Bifida         </div> <div style="width: 50%;"> <input type="checkbox"/> Developmental Disability         </div> <div style="width: 50%;"> <input type="checkbox"/> Heart Defects         </div> <div style="width: 50%;"> <input type="checkbox"/> Congenital Defects or Malformations         </div> <div style="width: 50%;"> <input type="checkbox"/> Expenses for Treatment         </div> <div style="width: 50%;"> <input type="checkbox"/> Other (describe): _____         </div> </div>
<p><b>10. Describe the basis for Your claim, including all alleged causes of action, sources of damages, etc., You are asserting against the Debtors.</b></p> <p>Attach additional sheets if necessary.</p>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
<p><b>11. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek. Check as many boxes as are applicable.</b></p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Compensatory: \$ _____ or <input type="checkbox"/> Unknown            (for example, lost wages, pain and suffering, expenses not reimbursed, loss of consortium, etc.)         </div> <div style="width: 50%;"> <input type="checkbox"/> Punitive: \$ _____ or <input type="checkbox"/> Unknown         </div> <div style="width: 50%;"> <input type="checkbox"/> Other (describe): _____         </div> </div>

12. Have You ever filed a lawsuit against any of the Debtors at any time?

☐ No

☐ Yes. If yes, please provide the following information and attach supporting documentation:

Case Caption: \_\_\_\_\_

Court and Case/Docket Number: \_\_\_\_\_

**Attorney Information:**

\_\_\_\_\_  
Law Firm Name

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Contact email

**Part 4:**

**Information About Opioid Use**

If You have a claim arising out of another person's use of an opioid, please answer these questions as if the injured person is filling out the form. If You are submitting a claim on behalf of a minor with NAS, please answer these questions as if the birth mother of the minor is filling out the form (to the extent such information is available to You).

13. Were You prescribed or administered a Purdue brand name opioid by a healthcare professional?

☐ Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).

☐ No.

☐ Yes. If yes, please provide the following information to the extent reasonably available:

**Please identify the Purdue brand name opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.**

☐ Butrans®

☐ OxyContin®

☐ DHC Plus®

☐ OxyFast®

☐ Dilaudid®

☐ OxyIR®

☐ Hysingla ER®

☐ Palladone®

☐ MS Contin®

☐ Ryzolt

☐ MSIR®

14. Were You ever prescribed or administered any opioid (other than a Purdue brand name opioid) by a healthcare professional?

☐ Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).

☐ No.

☐ Yes. If yes, please provide the following information to the extent reasonably available:

Non-Purdue Brand Name Opioid, if known: \_\_\_\_\_

**Please identify the generic opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.**

☐ Buprenorphine transdermal system

☐ Oxycodone extended-release tablets

☐ Hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®)

☐ Oxycodone immediate-release tablets

☐ Hydromorphone immediate-release tablets

☐ Oxycodone and acetaminophen tablets (generic to Percocet®)

☐ Hydromorphone oral solution

☐ Tramadol extended-release tablets

☐ Morphine extended-release tablets

☐ Other Generic: \_\_\_\_\_

**Part 5:** Other (Non-Personal Injury) Opioid-Related Claims

15. Do You believe You have any other claims against the Debtors based on or involving the Debtors' production, marketing and sale of Purdue Opioids that are not based on a personal injury?

☐ No.

☐ Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

---

---

---

---

---

16. How much is the claim?

\$ \_\_\_\_\_ or

☐ Unknown.

**Part 6:** Supporting Documentation

17. Please provide the following supporting documentation if You would like (but You are not required) to supplement this proof of claim.

- Provide any documents supporting Your claim, including but not limited to: any complaint that You have filed against the Debtor(s), prescriptions, pharmacy records or statements showing prescriptions, or any records supporting Your claims of damages.

**Part 7:** Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized agent.

☐ Other (describe): \_\_\_\_\_

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Signature

Print the name of the person who is completing and signing this claim:

Name

First name

Middle name

Last name

Title

Company

Address

Number

Street

City

State

ZIP Code

Contact phone

Email



# Instructions for Personal Injury Claimant Proof of Claim Form

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

## How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims you believe you may have after September 15, 2019 on this form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any available supporting documents to this form.

Attach copies of any documents that show that the debt exists, a lien secures the debt, or both.

Also attach copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).

- Do not attach original documents because they will not be returned and may be destroyed after scanning.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth. See Bankruptcy Rule 9037.
- A parent, foster parent, or guardian may complete this form on behalf of a minor child if there is reason to believe that the birth mother may have taken opioid products.
- For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.
- Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.

- The questions herein do not seek the discovery of information protected by the attorney-client privilege.
- The words “and” and “or” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- Purdue Pharma (Canada) is not a debtor in this case. If your claim is against only Purdue Pharma (Canada), you do not have a claim in this case and should not file and submit this form.

## Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may also call Prime Clerk at (844) 217-0912, send an inquiry to [purduepharmainfo@primeclerk.com](mailto:purduepharmainfo@primeclerk.com), or submit an inquiry or live chat with Prime Clerk through the case website at [PurduePharmaClaims.com](https://PurduePharmaClaims.com).

## Understand the terms used in this form

**Claim:** A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor’s name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual’s tax identification number, or a financial account number, only the initials of a minor’s name, and only the year of any person’s date of birth.

**Priority claim:** A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Purdue Opioid** means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration (FDA) and listed by the DEA as Schedule II or III drugs pursuant to the federal Controlled Substances Act, produced, marketed or sold by the Debtors as (i) the following **Brand Name Medications:** OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, and OxyFast®, and (ii) the following **Generic Medications:** oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®). The term “Purdue Opioid(s)” shall not mean: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

**Secured claim under 11 U.S.C. § 506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

## Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

## Please send completed Proof(s) of Claim to:

### If by first class mail:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

### If by overnight courier or hand delivery:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

### You may also file your claim electronically at

[PurduePharmaClaims.com](https://PurduePharmaClaims.com) via the link entitled “Submit a Claim.”

<b>Do not file these instructions with your form</b>
--



**Exhibit F**

# HAS THE PRESCRIPTION OPIOID CRISIS AFFECTED YOU OR SOMEONE YOU KNOW? YOU COULD BE COMPENSATED FROM THE PURDUE PHARMA L.P. BANKRUPTCY

**FILE YOUR CLAIM BY JUNE 30, 2020**

## WHAT IS THIS ABOUT?

If you think you've been hurt by Purdue Pharma L.P., a U.S. limited partnership, and its affiliated Debtor companies ("Purdue"), or Purdue prescription opioids, like OxyContin, or other prescription opioids manufactured or sold by Purdue, you can file a claim for compensation in the Purdue bankruptcy proceeding. The deadline to file a claim is June 30, 2020, at 5:00 p.m. Eastern Time.

## WHAT IS A CLAIM AND WHO CAN FILE?

A "claim" means a right to seek payment or other compensation. You must file a Proof of Claim Form so it is actually received at the address indicated on the form's instructions by the deadline. It can be filed by you, by a legal guardian, by survivors, or by relatives of people who have died or are disabled. All "Personal Injury Claimant Proof of Claim Forms" and any supporting documentation will be kept highly confidential and will not be made available to the public. You do not need an attorney in order to file a Proof of Claim.

Additionally, partnerships, corporations, joint ventures, trusts, governmental units, and Native American Tribes may also file a claim against Purdue or any of its affiliated Debtor companies.

Go to **PurduePharmaClaims.com** to find a complete list of instructions on how to file a claim. You will also find a list of the opioids produced, manufactured or sold by Purdue or its subsidiaries.

You may file a Proof of Claim even if a settlement is contemplated in the Purdue bankruptcy so that your claim can be considered as part of any settlement.

**“ ANYONE CAN BE IMPACTED BY PRESCRIPTION OPIOIDS. ”**





## IMPORTANT INFORMATION FOR YOU

### WHO DOES THIS AFFECT AND WHAT ARE MY RIGHTS?

If you think you've suffered harm from Purdue or Purdue prescription opioids, you have the right to file a claim even if you may have also received reimbursement from insurance. Examples of claims that may be filed in the Purdue bankruptcy include death, addiction or dependence, lost wages, loss of spousal relationship benefit for things like child-rearing, enjoyment of life, etc., or Neonatal Abstinence Syndrome ("NAS"), among others.

### THE DEADLINE TO FILE A CLAIM IS JUNE 30, 2020, AT 5:00 P.M. EASTERN TIME.

If you do not file a claim by the deadline, you will lose the right to file a claim against Purdue, and you will lose any right you may have had to seek payment or compensation. Proof of Claim Forms, a list of opioids manufactured or sold by Purdue, and instructions for how to file a claim are online at **PurduePharmaClaims.com**.

### IS PURDUE OUT OF MONEY? No.

### WHAT IS A BAR DATE?

The Bar Date is the court approved deadline for filing claims against Purdue for money owed or harm you believe was caused by acts or omissions of any of the Debtors (Purdue Pharma L.P. and its subsidiaries and general partner) from before the September 15, 2019 Chapter 11 filing date. The Bar Date has been established as June 30, 2020, at 5:00 p.m. Prevailing Eastern Time.

### WHAT IS A PROOF OF CLAIM?

A "Proof of Claim" is the official form that a creditor or other interested party (or litigant, or someone who believes that Purdue has caused them damages) must submit in order to assert and support any claim against any or all of the Debtors. The Bankruptcy Court has approved four Proof of Claim Forms that seek certain baseline information that will be important for evaluating claims filed against the Debtors. These forms are: (i) a Non-Opioid Claimant Proof of Claim Form; (ii) a Governmental Opioid Claimant Proof of Claim Form; (iii) a General Opioid Claimant Proof of Claim Form; and (iv) a Personal Injury Claimant Proof of Claim Form.

### THIS IS ONLY A SUMMARY

For more information concerning Purdue's bankruptcy, Frequently Asked Questions, examples of personal injury and other claims that can be filed, instructions on how to file a claim, and important documents including the Bar Date Notice, visit **PurduePharmaClaims.com**. You can also request a Proof of Claim Form by mail, phone or email:

Purdue Pharma Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412, Brooklyn, NY 11232  
Toll Free: (844) 217-0912  
Email: [purduepharmainfo@primeclerk.com](mailto:purduepharmainfo@primeclerk.com)

**Exhibit G**

## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
6189137	ABU-HAMDA, EYAD MOHAMMAD	8301 ARLINGTON BLVD STE T10	FAIRFAX	VA	22031
6189924	ACORD, SHELLY LA	113 LATIGO LN STE D	CANON CITY	CO	81212
6193585	AGGARWAL, MONICA	5889 FORBES AVE STE 305	PITTSBURGH	PA	15217
6195387	AHMED, IFFAT SULTANA	1107 N PROSPECT AVE STE 100	ITASCA	IL	60143
6198901	ALBERT, CLIVE	1100 NORTHSIDE FORSYTH DR STE 330	CUMMING	GA	30041
6203549	ALLISON, BETH ANN	7070 FORWARD AVE APT 708	PITTSBURGH	PA	15217
6204017	ALMERICO, BEN ARTHUR	195 GREENBRIER BLVD STE 100	COVINGTON	LA	70433
6204019	ALMERICO, SANDRA RU	1330 OCHSNER BLVD	COVINGTON	LA	70433
6204528	ALSAIDY, ALIA	3227 VESTA LN	HARRISBURG	PA	17110
6208438	ANDERSON, BRADLEY TROY	13123 E 16TH B158	AURORA	CO	80045
6209596	ANDERSON, LYLE FREDRICK	2626 N 3RD ST STE 2B	HARRISBURG	PA	17110
6210860	ANDREWS, CODY ALAN	205 S FRONT ST	HARRISBURG	PA	17104
6216898	ARORA, ANJU	6301 FORBES AVE STE 301	PITTSBURGH	PA	15217
6220691	AUBLEY, GEORGE LEONID	6460 SPALDING DR STE A	NORCROSS	GA	30092
6222584	AXTON JON CLAYTON	5300 N GRAND BLVD STE 200	OKLAHOMA CITY	OK	73112
6223953	BABCOCK, BRANDON SCOTT	4502 E 41ST	TULSA	OK	74135
6227554	BAKER, ANGUS SELLERS	125 DOUGHTY ST STE 500	CHARLESTON	SC	29403
6229512	BALESTRI, CAMILLE F.	2262 MAIN POLAND RD	WILLIAMSBURG	MA	01096
6240986	BEACH, PAUL KEVIN	125 DOUGHTY ST STE 400	CHARLESTON	SC	29403
6253292	BETHKE, GARRETT ANDREW	21715 KINGSLAND BLVD STE 105	KATY	TX	77450
6261173	BLECHA, JOHNATHAN P.	981225 NEBRASKA MEDICAL CTR	OMAHA	NE	68198
6261382	BLEZSCZ, MARY	1 ATWELL RD	COOPERSTOWN	NY	13326
6263993	BOFINGER, LINDSEY CRESS	11990 JACKSON ST	CLINTON	LA	70722
7437103	BRACHT, RUEDIGER	4500 E 9TH AVE	DENVER	CO	80220
6277543	BRIGHT, RHONDA MARIE	5920 MCINTYRE ST	GOLDEN	CO	80403
7399600	BUCY, WILLIAM	2162 JUDICIAL DR	GERMANTOWN	TN	38138
7349053	BUGGELN, CRAIG	14 QUARRY ST	WILLIMANTIC	CT	06226
6291242	BURRIS, RICHARD RAYVON	2161 HENDERSONVILLE RD	ARDEN	NC	28704
6298723	CAMPBELL, STEPHEN EDWARD	701 OSTRUM ST STE 403	FOUNTAIN HILL	PA	18015
6305096	CARTER, CHARLES ROBERT	1391 WOODSIDE RD STE 210	REDWOOD CITY	CA	94061
7437250	CAVANAGH, MICHAEL	12001 PECOS ST	WESTMINSTER	CO	80234
6309521	CEGELSKI, JOHN J.	2806 W SOUTHCROSS BLVD	SAN ANTONIO	TX	78211
7362901	CILLEY, ROBERT	500 UNIVERSITY DR	HERSHEY	PA	17033
6329177	CLARKE, FRED CRAWFORD	11120 MERRICK BLVD	JAMAICA	NY	11433
6335025	COLEMAN, MICHAEL HOWARD	109 BRISTOL DR	SEVEN FIELDS	PA	16046
6343476	CORSELLO, MICHAEL	4725 MCKNIGHT RD STE 201	PITTSBURGH	PA	15237

## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
6345016	COURCHESNE, JOHN RI	1200 WESTWOOD DR	HAMILTON	MT	59840
6351396	CULHANE, LINDA E.	2900 W OKAHOLMA AVE	MILWAUKEE	WI	53215
7406347	CUNNAGIN, CARRIE	2351 STANLEY AVE	DAYTON	OH	45404
6357589	DANIELS, CLIFTON A.	8300 W 38TH AVE	WHEAT RIDGE	CO	80033
6364099	DE FEDERICIS, MARGARITA ROSA	1448 ROUTE 9	FORT EDWARD	NY	12828
6366615	DEFREITAS, TIFFANY MICHELLE	5920 MCINTYRE ST	GOLDEN	CO	80403
7438153	DEHLER, JANET	400 W 16TH ST	PUEBLO	CO	81003
7381702	DEVLIN, CHARLIE	2001 LAUREL ST	COLUMBIA	SC	29204
7411989	DEWEESE, PAUL	3370 E JOLLY RD	LANSING	MI	48910
6378304	DIMARTINO, ABIGAIL R.	5920 MCINTYRE ST	GOLDEN	CO	80403
6387557	DRONAVALLI, SANJAY	3901 RAINBOW BLVD 4010	KANSAS CITY	KS	66160
6395832	EDMUNDS, ALAINA LAFAWN	601 CLARA BARTON BLVD STE 340	GARLAND	TX	75042
6398120	EISENBERG, STEVEN G.	3901 NOSTRAND AVE STE L5	BROOKLYN	NY	11235
6400567	ELLIS, CRAIG WOLFGANG	4 EASTERN BLVD	YORK	PA	17402
6407407	EVANS, AKE SP	9005 GRANT ST	THORNTON	CO	80229
6410249	FAKOURI, MOHAMMADHOSSEIN FARZAD	1900 PINE ST RM 6409	ABILENE	TX	79601
6430705	FRANCE, LAURA ANNE	1030 COUNTY ROAD E W STE 200	SHOREVIEW	MN	55126
7409292	GARCIA, EDGARDO	100 W COURT AVE	JEFFERSONVILLE	IN	47130
6445629	GARRISON, JULIANNE R.	8080 PARK MEADOWS DR	LONE TREE	CO	80124
6450667	GERHARDT, ROBERT TAFT	3851 ROGER BROOKE DR BLDG 3600	SAN ANTONIO	TX	78234
6454183	GILBERT, CHRISTOPHER BENEDICT	701 OSTRUM ST STE 203	FOUNTAIN HILL	PA	18015
6455105	GILLARD, JOHN NORMAN	801 OSTRUM ST	BETHLEHEM	PA	18015
7448245	GOLDBERG, KENNETH	201 N COLLEGE DR	SANTA MARIA	CA	93454
6462051	GOLDSTEIN, ANDREW ROBERT	401 BICENTENNIAL WAY	SANTA ROSA	CA	95403
6464363	GONZALEZ, STEPHANIE	11234 ANDERSON ST	LOMA LINDA	CA	92354
6466138	GORDON, ASHLEY ELIZABETH	130 W 12TH ST	NEW YORK	NY	10011
6467168	GOROKHOV, TATYANA ROMANOVNA	2012 HAROBI DR STE B	TUCKER	GA	30084
6471705	GRAY, TIMOTHY KENNEY	P.O. BOX 2653	BLUFFTON	SC	29910
6479351	GUARLOTTI, CLEMENT ANTHONY	401 S MAPLE AVE	GREENSBURG	PA	15601
6481003	GUMM, NANCY ELAINE	1275 S MAIN ST	GREENSBURG	PA	15601
6481145	GUNDERSEN, DORIS CHRISTINE	4455 E 12TH AVE STE 431G	DENVER	CO	80220
6482340	GUPTA, SUKANT	4870 LAWRENCEVILLE HWY	TUCKER	GA	30084
6500485	HASAN, RABIA	800 MEDICAL CENTER DR	FAIRMONT	MN	56031
6511995	HERRERA, MONIQUE DESIRAE	1000 E DOMINGUEZ ST STE 110	CARSON	CA	90746
6513384	HEUZEY, ELIZABETH ANN	34 MAPLE ST	NORWALK	CT	06850
6516538	HINDS, MICHAEL W.	215 HAWKS RD	MARTIN	TN	38237



## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
6517641	HISEY, MICHAEL SC	2817 S MAYHILL RD STE 100	DENTON	TX	76208
6520887	HOH, ARLEN RANDALL	110 UPLAND DR	SAN FRANCISCO	CA	94127
6526342	HORST, WILLIAM PETER	3000 15TH AVE S	GREAT FALLS	MT	59405
6527767	HOUSTON, ROBERT EDGAR	460 SPRING ST	JEFFERSONVILLE	IN	47130
6528493	HOWE, JEREMY MICHAEL	4920 S 30TH ST STE 103	OMAHA	NE	68107
6528813	HOWERTON, DOUGLAS H.	400 GRESHAM DR STE 172	NORFOLK	VA	23507
6530684	HUBBARD, THOMAS WAITE	601 CHILDRENS LN	NORFOLK	VA	23507
6531862	HUFFSTETLER, SARAH E.	215 HAWKS RD STE 6	MARTIN	TN	38237
6532342	HUGHES, MARYBETH S.	825 FAIRFAX AVE FL 6	NORFOLK	VA	23507
6532715	HUISMAN SHERRY RAE	700 HENSON ST	LAKE CITY	CO	81235
6536411	HUYNH, JULIE	16133 VENTURA BLVD STE 470	ENCINO	CA	91436
7360210	IBABAO, JAIRUS	51 GLASGOW AVE	JAMESTOWN	NY	14701
6550344	JENNINGS, DANA NICOLE	4200 E 9TH AVE STE B177	DENVER	CO	80220
6551311	JESSELL, SUSAN AN	5115 CENTRE AVE FL 2	PITTSBURGH	PA	15232
6551529	JEWELL, COTY WAYNE	5224 E I 240 SERVICE RD STE 201	OKLAHOMA CITY	OK	73135
7414038	JUNG, MICHAEL	2501 PIERCE ST	SIOUX CITY	IA	51104
7437036	KACZMARCZYK, GREGORY	4720 TEJON ST	DENVER	CO	80211
6573494	KAVALER, ELIZABETH	245 E 54TH ST FL 2	NEW YORK	NY	10022
6576815	KELLSTADT, RHONDA LEA	900 MAIN ST	PLEASANTON	KS	66075
6576907	KELLY, BRIAN	134 INDUSTRIAL PARK RD STE 2000	GREENSBURG	PA	15601
6581552	KHALIL, SAMIR K.	P.O. BOX 473	PITTSFORD	NY	14534
6581761	KHAN, AGHA KHURSHID	5224 E I 240 SERVICE RD FL 2	OKLAHOMA CITY	OK	73135
6586610	KIM, JAE YUL	209 FAIR OAKS AVE	SOUTH PASADENA	CA	91030
6590538	KIRK, EARL DA	2600 N WOODLAWN ST	WICHITA	KS	67220
6591470	KITAHATA, MARI MASSEY	1001 BROADWAY STE 215	SEATTLE	WA	98122
6591700	KITZ, JESSIE	105 CORPORATE DR	PORTSMOUTH	NH	03801
6594565	KNIGHT, DAWN CAMILLE	410 WOOD ST	MONROE	LA	71201
6601208	KOVACS, ELIZABETH	1522 RAMONA AVE	SOUTH PASADENA	CA	91030
6607614	KUMAR, SHRIA	3400 CIVIC CENTER BLVD FL 6	PHILADELPHIA	PA	19104
6612429	LAIRD, DENNIS ANDREW	345 W END AVE	NEW YORK	NY	10024
6617157	LAPRAY, CHAD DELMER	3195 DOWLEN RD STE 105	BEAUMONT	TX	77706
7383891	LEFF, RICHARD	2712 LAWRENCEVILLE HWY	DECATUR	GA	30033
6629423	LEMDANI, HINDA	131 MORRISTOWN RD	BASKING RIDGE	NJ	07920
6631792	LEU, AMY NICOLE	101 THE CITY DR S RM 512	ORANGE	CA	92868
7382480	LEUPOLD, JOHN	997 JOHNNIE DODDS BLVD	MOUNT PLEASANT	SC	29464
6632778	LEVINE, DAVID JO	1265 UPPER HEMBREE RD STE 100	ROSWELL	GA	30076

## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
6632879	LEVINE, JEFFFREY ALAN	1310 W STEWART DR STE 301	ORANGE	CA	92868
6638564	LIN, JEFFREY YEN	2150 PENNSYLVANIA AVE NW	WASHINGTON	DC	20037
6641499	LITOVSKY, DANIEL ALBERT	1350 WOODBOURNE RD	LEVITTOWN	PA	19057
6643425	LOBALSAMO, LOUIS JOSEPH	1616 KENSINGTON AVE	BUFFALO	NY	14215
6648701	LOVELL, GRAY D.	1102 W MAIN ST	HENRYETTA	OK	74437
7382482	MACDOWELL, MARGARET	1000 JOHNNIE DODDS BLVD	MOUNT PLEASANT	SC	29464
6661637	MALHAN, RISHI	1111 AMSTERDAM AVE RM 5732	NEW YORK	NY	10025
6669488	MARLEY, CIARA SIOBHAN	245 E 54TH ST FL 2	NEW YORK	NY	10022
7418957	MARTIN, BRYAN	1117 29TH ST S	GREAT FALLS	MT	59405
6671340	MARTIN, BRYAN ERIC	1117 29TH ST S	GREAT FALLS	MT	59405
6672232	MARTIN, MARVIN	4590 SALEM DR	HUDSONVILLE	MI	49426
6683028	MCCARTY, DAVID WI	1925 WEST MOUNTAIN VIEW AVENUE	LONGMONT	CO	80501
6685561	MCDERMOTT, JESSICA DREGER	1055 CLERMONT ST	DENVER	CO	80220
6685651	MCDEVITT, MATTHEW JOHN	4567 9TH AVE	DENVER	CO	80220
6688361	MCGUINNESS, TIMOTHY BR	25 MONUMENT RD STE 190	YORK	PA	17403
6689674	MCKENZIE, EUGENE E.	3960 KNIGHT ARNOLD RD STE 420	MEMPHIS	TN	38118
6690685	MCLAUGHLIN, SHANNON GAY	2115 STUART AVE	ALAMOSA	CO	81101
7438267	MCMILLAN, JON	2115 STUART AVE	ALAMOSA	CO	81101
6691564	MCMILLAN, JON MI	106 BLANCA AVE 1	ALAMOSA	CO	81101
6692608	MCPHERSON, MARYANNE	13044 ADAMS CT	THORNTON	CO	80241
6693079	MCWHITE, KERTRISA RENETTE	4200 W MEMORIAL RD STE 708	OKLAHOMA	OK	73120
6693896	MEDINA, EDWARD ANDREW	1131 MAIN ST	ALAMOSA	CO	81101
6695666	MEINIG, RICHARD PA	1263 LAKE PLAZA DR STE 210	COLORADO SPRINGS	CO	80906
6695936	MEKEEL, KRISTIN LEIGH	4200 E 9TH AVE 31	DENVER	CO	80220
6696123	MELDRUM, DANIEL RICHARD	870 DEXTER ST APT 301	DENVER	CO	80220
6696539	MELLMAN, DAVID LE	4700 HALE PKWY STE 300	DENVER	CO	80220
6698497	MERCADO, MIGUEL ANGEL	6620 MAIN ST STE 1325	HOUSTON	TX	77030
7437133	METCALF, DIANNE	4200 E 9TH AVE	DENVER	CO	80220
6701979	MICHAEL, LORI ANN	90 SLATE CREEK DR APT 8	BUFFALO	NY	14227
6702715	MIDDAUGH, LOUISE	106 BLANCA AVE	ALAMOSA	CO	81101
6703804	MILAZZO, PETER JOHN	576 STERTHAUS DR	ORMOND BEACH	FL	32174
6704706	MILLER, CARA DAWN	516 DELAWARE ST SE	MINNEAPOLIS	MN	55455
6721913	MORRIS, WALTER GLENN	1 SPRUCE ST	FRANKLIN	PA	16323
6722533	MORROW, THOMAS JAMES	5530 WINDWARD PKWY STE 1210	ALPHARETTA	GA	30004
6722613	MORSE, JESSE A.	601 N 30TH ST	OMAHA	NE	68131
6727645	MUNDY, ERICA A.	8572 76TH ST	WOODHAVEN	NY	11421



## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
7365144	MURRAY, PATRICK	1240 SR 307	LAKE WINOLA	PA	18625
6730048	MURRAY, PATRICK M	1240 SR 307	LAKE WINOLA	PA	18625
6736565	NATT, NEENA	2817 19TH AVE NW APT D	ROCHESTER	MN	55901
6743611	NGUYEN, HUONG THI	627 EASTLAND AVE STE 201	WARREN	OH	44484
6749993	NORTON, JAMES FRANKLIN	100 RAVINIA PL	ORLAND PARK	IL	60462
6750005	NORTON, JOHN DENNIS	320 E FONTANERO ST STE 100	COLORADO SPRINGS	CO	80907
6751256	NUGENT, KENNETH MICHAEL	3601 4TH ST	LUBBOCK	TX	79430
6751778	NUTIS, DINORAH JANET	1700 CURIE DR STE 4700	EL PASO	TX	79902
6752360	NYSTROM, ROBERT RA	620 S LEMAY AVE	FORT COLLINS	CO	80524
6752949	OBBEHAT, AMIR	2115 STUART AVE	ALAMOSA	CO	81101
7362266	OBENRADER, DOUGLAS	1 DALE AVE	FRANKLIN	PA	16323
6754921	ODOM, STEPHEN R.	106 BLANCA AVE	ALAMOSA	CO	81101
6755432	OFFUTT, CHRISTOPHER	2415 MULLINS AVE UNIT 2	ALAMOSA	CO	81101
6760581	ONGER, FREDRICK RABAH	3601 4TH ST	LUBBOCK	TX	79430
7438268	ORR, MAUREEN	106 BLANCA AVE	ALAMOSA	CO	81101
6762274	ORR, MAUREEN ANN	106 BLANCA AVE	ALAMOSA	CO	81101
6767971	PAIGE, JAMES R.	802 W WASHINGTON ST	NEW CASTLE	PA	16101
6768863	PALLAN, ELIZABETH	1380 PROGRESS WAY STE 114	ELDERSBURG	MD	21784
6776596	PATEL, ANIL BHAILALBHA	1111 HIGHWAY 6 STE 174	SUGAR LAND	TX	77478
6777874	PATEL, KANCHANLAL S.	415 HIGHLAND AVE	NEW CASTLE	PA	16101
6788033	PERKINS, HAROLD LEE	911 N MAIN ST STE 2	GARDEN CITY	KS	67846
6788469	PERNETT, ASHLEY ELIZABETH	12389 CRABAPPLE RD	ALPHARETTA	GA	30004
6794083	PHILLIPS, KYLE S.	120 MARKET ST	ALAMOSA	CO	81101
7447304	PIERCE, JEROME	23961 CALLE DE LA MAGDALENA	LAGUNA HILLS	CA	92653
6796902	PINEO, ROSS V.	606 ERIE ST	EDINBORO	PA	16412
6800433	POLES, GWENDOLYN A.	1114 ABERDEEN CT	HARRISBURG	PA	17111
6801250	POLTERSDORF, DANIELLE L.	755 NORMAN DR	LEBANON	PA	17042
6802205	POPE, ROSS E.	4401 S WESTERN AVE	OKLAHOMA CITY	OK	73109
7361026	POUTOUS, GEORGE	300 HALKET ST	PITTSBURGH	PA	15213
6810008	PULLINS, MICHAH DA	196 ARROWHEAD DR STE 7	EVANSTON	WY	82930
6817161	RAMAN, ANASUYA AMBUR	831 STATE HIGHWAY 150 S	EVANSTON	WY	82930
6823431	RAZZAK, ASHRAF	401 N JEFFERSON ST	NEW CASTLE	PA	16101
6823593	READER, CHAD M.	255 UNION BLVD	LAKEWOOD	CO	80228
7436588	REID, JAMES	1556 NORTHFIELD LN	LAFAYETTE	CO	80026
6831288	REZAIAN, SEYED-MAHMOUD	8677 WILSHIRE BLVD	BEVERLY HILLS	CA	90211
6835900	RILEY, STACEY M.	237 ROUTE 108	SOMERSWORTH	NH	03878

## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
6836060	RINALDI, RENEE ZAIRA	150 N ROBERTSON BLVD STE 224	BEVERLY HILLS	CA	90211
6846045	ROMAGOSA, ANGELO E.	1000 STAR RIDGE PL	EL PASO	TX	79912
7437397	ROTER, DAVID	975 NORTH ST	BOULDER	CO	80304
7363760	RUSSO, MARC	562 W 2ND AVE	LITITZ	PA	17543
6858438	RYCHECK, RUSSELL RULE	609 DRIFTWOOD DR	PITTSBURGH	PA	15238
6864113	SALZER, RICHARD L.	401 S VAN BRUNT ST	ENGLEWOOD	NJ	07631
6865928	SANDBERG, DARRYL WI	2312 N NEVADA AVE STE 305	COLORADO SPRINGS	CO	80907
6867169	SANFILIPPO, KRISTINA ANNE	1400 E BOULDER ST	COLORADO SPRINGS	CO	80909
7385569	SASINE, ROBERT	1170 CLEVELAND AVE	EAST POINT	GA	30344
6872116	SAYRE, ROBERT LYNN	2115 STUART AVE	ALAMOSA	CO	81101
6876112	SCHMELING,GREGORY JA	9200 W WISCONSIN AVE	MILWAUKEE	WI	53226
6877705	SCHNETZLER, KENT ALLEN	400 CRESTWOOD CIR	MENA	AR	71953
6879352	SCHRUP HANSLEY, MARGARET MARY	687 CAMPBELL AVE	WEST HAVEN	CT	06516
6882171	SCHWIED, ELLIS MICHAEL	24800 CHRISANTA DR STE 220	MISSION VIEJO	CA	92691
7372888	SEED, JOHN	3554 CHAIN BRIDGE RD STE 203	FAIRFAX	VA	22030
6886218	SELDOMRIDGE PEPPER, REBECCA DAWN	155 WILSON AVE	WASHINGTON	PA	15301
6887822	SERRAHN, JILL NICOLE	4600 HALE PKWY STE 400	DENVER	CO	80220
6891050	SHAH, SAMIRKUMAR JA	1360 OLD FREEPORT RD	PITTSBURGH	PA	15238
6891389	SHAH, VIJAL	12103 MAPLE FOREST CT APT F	FAIRFAX	VA	22030
6899738	SHIN, SCOTT HEEJOON	777 RICHMOND DR	SICKLERVILLE	NJ	08081
6901754	SHTORCH,EYAL	16133 VENTURA BLVD	ENCINO	CA	91436
6904859	SILBERT, DAVID IRVING	2110 HARRISBURG PIKE STE 215	LANCASTER	PA	17601
6909101	SINGH,NEETU	1170 CLEVELAND AVE STE 1004	EAST POINT	GA	30344
6916820	SMITH, KIMBERLY SARA	14900 N PENNSYLVANIA AVE APT 424	OKLAHOMA CITY	OK	73134
7449044	SMITH, NELLIS	1950 UNIVERSITY AVE	EAST PALO ALTO	CA	94303
6927452	SPILLMAN, KENT JAMES	7574 TAFT CT	ARVADA	CO	80005
6928105	SPOTTS, KELLI RENEE	1000 LINCOLN ST	FORT MORGAN	CO	80701
6933871	STEINBERG, JASON W.	751 S BASCOM AVE	SAN JOSE	CA	95128
7438240	STEVENS, MARK	3676 PARKER BLVD	PUEBLO	CO	81008
6938188	STOCKWELL, ELIZABETH LEGRO	655 MAIN ST	SACO	ME	04072
6941414	STROCHKOV, SERGEY	150 55TH ST STE 1	BROOKLYN	NY	11220
7433811	SUBRAMANIAN, NAVIN	4219 RICHMOND AVE	HOUSTON	TX	77027
6945616	SUMNER, LAURA B.	3800 RESERVOIR RD NW	WASHINGTON	DC	20007
7364450	SUNDLOF, DEBORAH	2649 SCHOENERVERILLE RD	BETHLEHEM	PA	18017
6953042	TAMURA, KRYSTAL MARIE	14300 ORCHARD PKWY	WESTMINSTER	CO	80023
6954112	TANNER, LISA M.	12280 HOUZE RD	ALPHARETTA	GA	30004

## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
7426589	TARANTOLO, STEFFANO	17201 WRIGHT ST	OMAHA	NE	68130
6955101	TASHOLOVA, ALBENA BOGDANOVA	41 E POST RD	WHITE PLAINS	NY	10601
6959981	THADATHIL, LINCY S.	4126 SOUTHWEST FWY STE 1700	HOUSTON	TX	77027
6960272	THAL, WENDY	301 40TH ST	LUBBOCK	TX	79404
6967441	TIPTON, MATTHEW T.	611 ALCORN DR	CORINTH	MS	38834
6967808	TIWANA, HARMANDEEP SINGH	400 E OAK AVE	VISALIA	CA	93291
6970019	TOOK, KEVIN JOHN	6000 UNIVERSITY AVE	WEST DES MOINES	IA	50266
6975110	TROJANSKY, THOMAS	920 TOWNSHIP LINE RD	PERKIOMENVILLE	PA	18074
6978291	TURCINHODZIC, DZENITA	950 2ND AVE	PITTSBURGH	PA	15219
6981081	ULRICH, RICHARD GARY	4401 FARGREEN RD	HARRISBURG	PA	17110
6981549	UNGER, DONALD	1700 PEACH ST STE 200	ERIE	PA	16501
6985358	VANAM, KAMALAKAR RAO	8907 104TH ST	RICHMOND HILL	NY	11418
6986222	VANDIVIER, JENNIFER A.	6000 UNIVERSITY AVE STE 450	WEST DES MOINES	IA	50266
6986336	VANEK, STEVEN JOHN	13440 W ALAMEDA PKWY	LAKEWOOD	CO	80228
6986591	VANICEK, JEREMY JOSEPH	2725 S 144TH ST STE 212	OMAHA	NE	68144
6986697	VANMETER, CHARLES J.	63 THOMAS JOHNSON DR STE A	FREDERICK	MD	21702
6990540	VENKATACHALLAM, SUNITHA	10340 DEMOCRACY LN STE 102	FAIRFAX	VA	22030
6991211	VERLA, THOMAS D.	440 ALTAPASS HWY	SPRUCE PINE	NC	28777
6993941	VIOLAGO, MICHAEL PHILLIP FERMIN	41 HERMITAGE HILLS BLVD	HERMITAGE	PA	16148
7367028	VIVINO, FREDERICK	39TH & MARKET STS	PHILADELPHIA	PA	19104
6998806	WAITE, ELIZABETH CAROL	3416 STATE ST	ERIE	PA	16508
7000032	WALKER, JENNIFER PAGE	7101 JAHNKE RD STE 1054	RICHMOND	VA	23225
7001099	WALLACE, MICHAEL HUGH	1025 PENNOCK PL FL 2	FORT COLLINS	CO	80524
7008627	WEBB, BRACKEN	2200 BERGQUIST DR	LACKLAND AFB	TX	78236
7009382	WEBER, SARAH J.	3900 JERMANTOWN RD STE 460	FAIRFAX	VA	22030
7012797	WELCH, BERT A	1640 LELIA DR STE 220	JACKSON	MS	39216
7014327	WENTWORTH, JUSTIN	8775 NORWIN AVE	IRWIN	PA	15642
7017745	WHITE, HARRY COLEMAN	8405 W ALAMEDA AVE	LAKEWOOD	CO	80226
7455275	WHITEFIELD, JAN	4115 LAKE OTIS PKWY	ANCHORAGE	AK	99508
7018958	WHITING, DONALD MARK	380 W CHESTNUT ST STE 103	WASHINGTON	PA	15301
7019818	WICKIZER, BOYD ROY	801 S ADAMS ST	PETERSBURG	VA	23803
7025723	WILLISTON, LAUREL KA	1441 E 75TH PL	TULSA	OK	74136
7438149	WILLS, CHERYL	4020 JERRY MURPHY RD	PUEBLO	CO	81001
7026807	WILSON, JOHN STEVEN	125 N FRANKLIN DR STE 1	WASHINGTON	PA	15301
7030115	WITT, PETER CLAYTON	1900 16TH ST	GREELEY	CO	80631
7437804	YAGER, MICHAEL	1502 9TH AVE	GREELEY	CO	80631

## Exhibit G

Prescribers Individual Service List

Served via first class mail

MMLID	NAME	ADDRESS1	CITY	STATE	ZIP
7414001	YOUNG THOMAS	1441 165TH ST	CRESTON	IA	50801
7045062	YU, BENSON WAISUN	3601 CHAIN BRIDGE RD STE D	FAIRFAX	VA	22030
7437416	ZACHARIAS, ALAN	1000 ALPINE AVE	BOULDER	CO	80304
7047113	ZAKUTNEY, MARY ANN	8775 NORWIN AVE STE 34	NORTH HUNTINGDON	PA	15642
7047598	ZAND, MARTIN STUART	601 ELMWOOD AVE	ROCHESTER	NY	14642
7051539	ZIMMERMANN, TERENCE MATTHEW ZW	200 1ST ST SW	ROCHESTER	MN	55905